

AUTO CR - LOG SUMMARY #1076153

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member, PO Schmit, responded to a dispatch call of Assist CFD for a naked man who had consumed acid and was acting erratic. As soon as the subject observed PO Schmit, he became extremely agitated, charged at PO Schmit, and struck him on the face. PO Schmit tackled the subject to the ground, where he continued to be combative. PO Schmit deployed his taser but was unsuccessful in gaining control of the subject. PO Schmit deployed his taser again and was able to successfully handcuff and arrest the subject.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CYZE, ROBERT S	369		024 /	LIEUTENANT OF POLICE	M	WHI	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-JUL-2015 10:15 - 15-JUL-2015 10:15		2431	024	289 - RESIDENCE PORCH/HALLWAY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	WWH		
CPD Employee	Involved Member	SCHMIT, GREG J	1086		024 /	POLICE OFFICER	M	WHI	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	17-SEP-2015 02:48	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
PENDING ASSIGN TEAM	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PRELIMINARY	17-SEP-2015 02:45	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	add location code
PENDING ASSIGN TEAM	16-JUL-2015 01:59	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	16-JUL-2015 01:29	CARTER, SHYKELA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	16-JUL-2015 01:28	CARTER, SHYKELA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	16-JUL-2015 12:44	GRISSETT JR, JAMES	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GRISSETT JR, JAMES	16-JUL-2015 12:44			
	DOCUMENTS - INTAKE INCIDENT		2	PO Kline	N	CARTER, SHYKELA	16-JUL-2015 11:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	CARTER, SHYKELA	16-JUL-2015 11:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	CARTER, SHYKELA	16-JUL-2015 11:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Kline	N	CARTER, SHYKELA	16-JUL-2015 11:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Schmitt	N	CARTER, SHYKELA	16-JUL-2015 11:24	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 16-JUL-2015) - LOG #1076153

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CYZE, ROBERT S	369		024 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	16-JUL-2015 00:44	GRISSETT JR, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	17-SEP-2015 02:48	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
PENDING ASSIGN TEAM	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	17-SEP-2015 02:47	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PRELIMINARY	17-SEP-2015 02:45	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	add location code
PENDING ASSIGN TEAM	16-JUL-2015 01:59	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
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PRELIMINARY	16-JUL-2015 01:28	CARTER, SHYKELA	INVESTIGATOR 3 COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	16-JUL-2015 12:44	GRISSETT JR, JAMES	POLICE OFFICER	116 /	

1076153



EVIDENCE SYNC

TASER Information

Serial X30001W07
Model TASER X2
Firmware Version Rev. 04.010
Application Version 3.13.4
Health Good

Offline Report

Local Timezone Central Daylight Time (UTC -05:00)
Generated On 15 Jul 2015 23:13:26

Dates from : Wed Jul 15 21:00:00 2015 to : Thu Jul 16 23:00:00 2015
Device (X2)

Seq #	Local Time [DD:MM:YYYY HH:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in foot/status]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
1093	15 Jul 2015 22:14:56	Armed	C1: 25' Standard C2: 25' Standard		28	79
1094	15 Jul 2015 22:15:03	Trigger	C1: Deployed	5		79
1095	15 Jul 2015 22:15:04	Trigger	C2: Deployed	5		79
1096	15 Jul 2015 22:15:15	Trigger	C2: Deployed	5		79
1097	15 Jul 2015 22:19:13	Safe	C1: Deployed C2: Deployed	257	33	78
1098	15 Jul 2015 23:12:19	USB Connected				
1099	15 Jul 2015 23:11:59	Time Sync	15 Jul 2015 23:12:28 to 15 Jul 2015 23:11:59			

CHICAGO POLICE DEPARTMENT

ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD 11.38a(8/03) C

RD # [REDACTED]
 Case ID [REDACTED]
 EVENT [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location: [REDACTED] 289 - Residence Porch/Hallway Occurrence Date: 15 July 2015 22:16	Beat: 2431	Unit Assigned: 2465B RO Arrival Date: 15 July 2015 22:14 # Offenders: 1
NON-OFFENDER(S)	VICTIM - Individual		
	Name: P.O. H., Kline #16751 Res: 6464 N Clark St Chicago IL Police Officer - Chicago Sobriety: Sober CPD Officer: No		Demographics Male White Age: 47 Years
	Other Communications and Availability		
	Business Phone : [REDACTED]		
	Available Time 18:00:00 - 02:30:00		
	WITNESS - Individual		
	Name: CFD PARAMEDIC, Allen AMB 56 Res: 3510 S Michigan Ave Chicago IL Beat: 0213 CPD Officer: No		
	WITNESS - Individual		
	Name: CFD PARAMEDIC, Wadolny Res: 3510 S Michigan Ave Chicago IL Beat: 0213 CPD Officer: No		
	WITNESS - Individual		
Name: P.O. G., Schmit #10577 Res: 6464 N Clark St Chicago IL Beat: 2432 CPD Officer: No			
Other Communications and Availability			
Business Phone : [REDACTED]			

Chicago Police Department - Incident Report

RD #: [REDACTED]

INJURY(S)	Injury Info (P.O. H. #16751 - Victim)		
	Injured BY offender	Extent: Minor	
	CPD First Aid Given? Yes	Hospital: [REDACTED]	
	Physician Name: [REDACTED]		
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Blunt Trauma	Hand/Feet/Teeth/Etc.	Other - Open Hand
	Fractured	Hand/Feet/Teeth/Etc.	

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]		Demographics
	Res: [REDACTED]	Beat: 3100	Male White Hispanic 5'10, 160 lbs , Brown Eyes Black Hair Medium Hair Style Medium Complexion
	None		DOB: [REDACTED] Age: 20 years Birth Place: Illinois Suspected of Using: Drugs/Narcotics
	Injury Info		
	Extent: Minor		
	CFD First Aid Given Yes		
	Responding Unit:	Ambulance 56	Hospital: [REDACTED] - Evanston
	Physician Name: Akbaria		
	<u>Type</u>	<u>Weapon Used</u>	<u>Description</u>
	Other	Other	TASER

RELATIONSHIP	P.O. H. #16751	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

GANG INFO	Incident Related Info:
	[REDACTED]

OTHER	Miscellaneous
	Victim Information Provided
	Flash Message Sent ? No

Chicago Police Department - Incident Report

RD #: [REDACTED]

NOTIFICATIONS

Request Type	Agency Name	Date	Name
Notification	O.E.M.C.	15 July 22:16	ZONE 11,
Other Notifications May Be In Narrative.			
Request	277	Forensic Services Evidence Technician Section	15 July 22:33 VIA CW2,

NARRATIVE

IN SUMMARY, R/O'S WERE GIVEN AN OEMC DISPATCH OF ASSIST CFD AT ADDRESS OF OCCURRENCE FOR A NAKED MALE WHO HAD TAKEN ACID. UPON ARRIVAL, R/O'S WERE MET BY CFD AMB 56 CREW WHO RELATED THE FOLLOWING. THE OCCUPANTS OF THE HOUSE (INFO REFUSED) STATED AN UNKNOWN NAKED MAN (OFFENDER) ENTERED THEIR HOME AND WAS UPSTAIRS IN A BEDROOM ACTING ERRATIC AND VIOLENT AFTER INGESTING ACID. SAID OCCUPANTS ALSO STATED THEY REFUSED TO LET CPD NOR CFD INTO THE RESIDENCE AND WOULD ESCORT OFFENDER TO THE PORCH. P.O.'S SCHMIT AND KLINE, ALONG WITH CFD PARAMEDICS ALLEN AND WADOLNY WAITED AS THE OFFENDER WAS ESCORTED ONTO THE PORCH BY THE OCCUPANTS OF THE HOUSE. OFFENDER WAS THEN SEEN TO BE NAKED AND HIGHLY AGITATED, YELLING ABOUT HIS [REDACTED] AFFILIATION AND THE FUCKING COPS. AS SOON AS OFFENDER SAW P.O. KLINE, HE BECAME ENRAGED, CHARGED, AND STRUCK P.O. KLINE VIOLENTLY IN THE FACE WITH HIS LEFT HAND. P.O. KLINE AND PARAMEDIC ALLEN THEN TACKLED OFFENDER TO THE GROUND WHERE HE CONTINUED TO STRUGGLE AND FIGHT. AT THIS TIME P.O. SCHMIT DISCHARGED HIS TASER. DESPITE THIS AND NUMEROUS VERBAL COMMANDS TO CEASE HIS ACTIONS AND PLACE HIS HANDS BEHIND HIS BACK, OFFENDER CONTINUED TO FIGHT. P.O. SCHMIT THEN DISCHARGED THE SECOND CARTRIDGE AT OFFENDER. P.O. KLINE AND SCHMIT WERE THEN ABLE TO SUCCESSFULLY HANDCUFF AND CONTROL OFFENDER. OFFENDER IMMEDIATELY TRANSPORTED TO ST FRANCIS BY CFD AMB56 FOR TREATMENT OF ABOVE LISTED INJURIES. P.O. KLINE SUFFERED BRUISING AND SWELLING TO LEFT SIDE OF HIS FACE AND A SPRAINED FINGER WITH POSSIBLE LIGAMENT DAMAGE DUE TO OFFENDER'S ATTACK. SAID OCCUPANTS/CALLER REFUSED TO SIGN COMPLAINTS. TASER PROBE INV#:

[REDACTED] COURT BR: 29-4, COURT DATE: 07AUG15, CE [REDACTED] CHARGES: 720 ILCS 5/12-4-A, 720 ILCS 5/31-1

NOTIFICATION: FIELD SUPERVISOR BARNEY Beat#: 2465 Star#: 818 Emp#: Date: 15-JUL-2015 Time: 2216 ONS

NOTIFICATION: STATION SUPERVISOR KELLER Beat#: 2401 Star#: Emp#: Date: 15-JUL-2015 Time: 2229 NOT

SUPERVISOR ON SCENE - STAR#: 818 NAME: DEAN BARNEY BEAT: 2465

ASSISTING OFFICER - STAR#: 12413 NAME: CHRIS PILLOW BEAT: 2465C

ASSISTING OFFICER - STAR#: 2703 NAME: CHRISTOPH DWORAKOWSKI BEAT: 2465C

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	10577	[REDACTED]	SCHMIT, Greg, J	[REDACTED]	16 Jul 2015 00:31	024	2465B

IUCR ASSOCS

Victim	IUCR	Crime	Offender
P.O. H.	0454	Battery - Agg Po Hands No/Min Injury	ROMBLO Fernando

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 15-JUL-2015		2 TIME 22:16:00		3 ADDRESS OR WHERE OCCURRED		4 LOCATION CODE 289		5 ALLOCATION 2431		
MEMBER INVOLVED	6 POSITION 9161	7 LAST NAME SCHMIT	8 FIRST NAME GREG J	9 STAR NO 10577	10 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11 RACE CODE WHI	12 AGE 509	13 HT 165	14 WT	
	15 DATE OF APT 28-OCT-2002	16 EMPLOYEE NO.	17 UNIT & REPAT OF ASSIGNMENT 024 2465B	18 DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	19 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SUBJECT INFORMATION	21 LAST NAME	22 FIRST NAME	23 M	24 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	25 RACE WWH	26 HT	27 WT			
	28 ADDRESS	29 TELEPHONE NO.	30 WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32 SUBJECT ALLIANCE INQUIRY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized		36 Apparently Normal		37 Under Influence		
38 CHARGES PLACED		39 DNA		40 US NO.		41 NO		42 DNA		
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (OCAD W/RIGHT) <input checked="" type="checkbox"/> OTHER _____		HIT <input type="checkbox"/> HIT & AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stim) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
	43 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		44 ADDITIONAL INFORMATION							
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO		UNIT					
	45 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		46 MAKE/MANUFACTURER		47 MODEL		48 BARREL LENGTH		49 CALIBER/GAUGE	
50 TASER PART ID NO. C62004RWX		51 WEAPON SERIAL NO. (Include Letters) X30001W07		52 CHICAGO GUN REG. NO.		53 IL FIREARM OWNER ID NO.		54 HANDGUN CERTIFICATE NO.		
55 OFFICIAL WEAPON CERTIFICATE NO.		56 PROPERTY INVENTORY NO.		57 TYPE OF AMMUNITION USED		58 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		59 TOTAL NO. OF SHOTS MEMBER FIRED		
60 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		61 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		62 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		63 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		64 OTHER (Specify)		
65 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 SPRING SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		66 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		67 NO. MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
68 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)		69 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT <input type="checkbox"/> 02 5-10 FT <input type="checkbox"/> 03 10-15 FT <input type="checkbox"/> 04 OVER 15 FT								
70 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		71 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN								
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
	73 REPORTING MEMBER (Print Name) SCHMIT, GREG J		STAR EMPLOYEE NO. 10577		SIGNATURE					
SIGNATURES	16-JUL-2015 01:20:44		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	74 REVIEWING SUPERVISOR (Print Name) BARNEY, DEAN R		STAR NO. 818		SIGNATURE		DATE REVIEWED 16-JUL-2015 01:47:39		TIME	

CPD-11.377 (REV. 3/08)

Opt-Out: +

CPD 0341094

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE☐ ONA☐ REFUSED☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is at [REDACTED] of observation and unable to be interviewed.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Subject's actions caused members response which was in compliance with Department procedures, directives and use of force guidelines. R/LT OBTAINED ADMINISTRATIVE LOG #1078153 FROM GRISETT #15715 @ CPIC @ 0040hrs ON 16 Jul 2015 FOR THE DISCHARGE OF THE TASER.

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

1 OF REASON(S) _____ OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

CYZE, ROBERT S

SIGNATURE**DATE COMPLETED****TIME**

16-JUL-2015 02:30:53

79 TOTAL TIMES THIS EVENT NO.

2

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

IR NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION				INCIDENT INFORMATION			
NAME (LAST - FIRST - M.I.) KLINE, HANK V				1. INDOOR <input type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/>			
STAR NO 16731				ADDRESS OF OCCURRENCE [REDACTED]			
POSITION POLICE OFFICER				CITY <input checked="" type="checkbox"/> CHICAGO		STATE (If outside Chicago)	
DATE OF APPOINTMENT 29-APR-2002				LOCATION CODE 289-RESIDENCE PORCH/HALLWAY		BEAT OF OCCURRENCE 2431	
UNIT OF ASSIGNMENT 024				DATE OF OCCURRENCE 15-JUL-2015		TIME 22:16:00	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F				RACE WHITE		DAY OF WEEK WEDNESDAY	
DOB [REDACTED]				NO. OF OFFICERS BATTERED 1			
HEIGHT 506				WEIGHT 172			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED							
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe: _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			
TYPE OF ACTIVITY							
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER							
TYPE OF INJURY TO OFFICER							
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE							
LIGHTING CONDITIONS AT INCIDENT							
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR <input checked="" type="checkbox"/> 2. GOOD							
MANNER OF ATTACK							
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)							
TYPE OF WEAPON/THREAT							
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> I. BLUNT INSTRUMENT							
FIREARM USE INFORMATION							
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON							
OFFENDER INFORMATION							
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE WHITE HISPANIC		DOB [REDACTED]		IR NO. [REDACTED]	
CB NO. [REDACTED]				IR NO. [REDACTED]			
TYPE OF WEAPON/THREAT							
WAS THE OFFENDER'S ACTIVITY DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1							
WEATHER CONDITIONS							
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> G. OTHER APPROXIMATE OUTDOOR TEMPERATURE 68° F							

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE
KLINE, HANK V

STAR NO.
16751

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
CYZE, ROBERT S 369

CPD-11.451 (REV. 1/04)

Opt-Out: +

CPD 0341097

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 15-JUL-2015		2. ADDRESS OF OCCURRENCE 6925 N ASHLAND BLVD CHICAGO, IL 60626		3. LOCATION CODE 289		4. LOCATION CODE 2431	
5. POSITION 9161		6. LAST NAME KLINE		7. FIRST NAME HANK V		8. SEX M	
9. RACE CODE WHI		10. MEMBER INJURED? 01 Yes 02 No		11. MEMBER IN UNIFORM? 01 Yes 02 No		12. HT 508	
13. WT 172		14. DATE OF APPT 29-APR-2002		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 024 2465B	
17. DUTY STATUS 01 On 02 Off		18. MEMBER INJURED? 01 Yes 02 No		19. MEMBER IN UNIFORM? 01 Yes 02 No		20. HT 507	
21. WT 140		22. ADDRESS		23. TELEPHONE NO.		24. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS 01 Yes 02 No	
25. SUBJECT INJURED? 01 Yes 02 No		26. SUBJECT ALLEGED INJURY? 01 Yes 02 No		27. WHERE WAS MEDICAL TREATMENT OBTAINED? 01 Apparently Normal 02 Under influence 03 Hospitalized 04 Not Hospitalized 05 Refused Medical Aid		28. BY WHOM? 01 Apparently Normal 02 Under influence 03 Hospitalized 04 Not Hospitalized 05 Refused Medical Aid	
29. CHARGES FILED		30. DNA		31. CB NO.		32. IR NO.	
33. DNA		34. DNA		35. DNA		36. DNA	
37. DNA		38. DNA		39. DNA		40. DNA	
41. DNA		42. DNA		43. DNA		44. DNA	
45. DNA		46. DNA		47. DNA		48. DNA	
49. DNA		50. DNA		51. DNA		52. DNA	
53. DNA		54. DNA		55. DNA		56. DNA	
57. DNA		58. DNA		59. DNA		60. DNA	
61. DNA		62. DNA		63. DNA		64. DNA	
65. DNA		66. DNA		67. DNA		68. DNA	
69. DNA		70. DNA		71. DNA		72. DNA	
73. DNA		74. DNA		75. DNA		76. DNA	
77. DNA		78. DNA		79. DNA		80. DNA	
81. DNA		82. DNA		83. DNA		84. DNA	
85. DNA		86. DNA		87. DNA		88. DNA	
89. DNA		90. DNA		91. DNA		92. DNA	
93. DNA		94. DNA		95. DNA		96. DNA	
97. DNA		98. DNA		99. DNA		100. DNA	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON CALL INCIDENT COMMANDER (OCC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER. 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER. 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is a [REDACTED] for observation and unable to be interviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Subject's actions caused members response which was in compliance with Department procedures, directives and use of force guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. JCRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GYZE, ROBERT S

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

16-JUL-2015 02:24:39

79. TOTAL TRR's THIS EVENT No.

2